

**Figure SC850.F6.1. Monetary Determination - Notice of Wages Used for Unemployment Insurance Claim**

INGLEWOOD JS - 006  
P.O. BOX 5038  
HAWTHORNE, CA 90251-5038  
(310) 725-2100



**DE 1545R**

**NOTICE OF WAGES USED FOR UNEMPLOYMENT INSURANCE (UI) CLAIM**

\*RESPONSE MUST BE POSTMARKED BY  
**11-13-95**

YOUR ACCOUNT NO. BR. NO.  
**000-4424-8 00**  
PREDECESSOR ACCOUNT NO.

**DEPARTMENT OF THE AIR FORCE**

CLAIM DATE  
**09-10-95**

\*IF WAGES ARE CORRECT AND YOU DO NOT WISH TO SUBMIT ELIGIBILITY INFORMATION,  
NO FURTHER ACTION IS NECESSARY. THIS FORM IS FOR YOUR RECORDS.

THE PERSON NAMED BELOW HAS RECEIVED UI BENEFITS BASED IN TOTAL OR IN PART ON WAGES YOU REPORTED.

<u>CLAIMANT'S NAME</u>	<u>NAME WAGES REPORTED UNDER</u>	<u>SOCIAL SECURITY NUMBER</u>	<u>OTHER SOCIAL SECURITY NUMBER</u>
Doe, Jane		000-00-0000	

WAGES YOU REPORTED BY QUARTER USED TO ESTABLISH THIS CLAIM

06-30-94	09-30-94	12-31-94	03-31-95
\$ 6630.00	\$ 6630.00	\$ 6630.00	\$ 6630.00

TOTAL WAGES REPORTED BY YOU	CR
\$ 26,520.00	

TOTAL WAGES REPORTED BY YOU AND ALL OTHER EMPLOYERS TO ESTABLISH THIS CLAIM ..... \$ 26,520.00

THE PERCENTAGE OF BENEFITS CHARGEABLE TO YOUR ACCOUNT IS ..... 100.000 %

THE CLAIMANT'S WEEKLY BENEFIT AMOUNT IS \$199 TO A MAXIMUM BENEFIT AMOUNT OF.. \$ 5174

The maximum charges for each week benefits are paid  
will be \$ 199.00.

TO SUBMIT FACTS AFFECTING THE CLAIMANT'S ELIGIBILITY, SUPPLY INFORMATION BELOW AND MAIL TO THE ADDRESS IN THE UPPER LEFT CORNER.

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The above statements were taken from business records or are based on knowledge of the undersigned.

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_